

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>MOTION AND ORDER FOR DELAYED REGISTRATION OF FOREIGN BIRTH</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_ DOB: \_\_\_\_\_  
Full name of child

**MOTION**

1. On \_\_\_\_\_ at \_\_\_\_\_ my spouse and I adopted  
Date Place

the above named child. A copy of the adoption order is attached.

☐ A copy of the child's birth certificate is attached.

☐ 2. The date and place of birth of the adoptee cannot be determined.

☐ 3. The recorded date of birth of the adoptee differs from the date of birth determined by a medical assessment of the adoptee.  
 A copy of the assessment is attached.

**IREQUEST:**

☐ 4. The court to file with the Michigan Department of Community Health the attached delayed registration of foreign birth  
 established by court order and the name of the child be recorded as \_\_\_\_\_ .  
New name of child

☐ 5. The court to determine the date and place of birth of the adoptee.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of petitioner mother

\_\_\_\_\_  
Signature of petitioner father

\_\_\_\_\_  
Name of petitioner (type or print)

\_\_\_\_\_  
Name of petitioner (type or print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Telephone no.

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Telephone no.

**ORDER**

**IT IS ORDERED:**

6. The motion is granted and the probate court shall cause the delayed registration of foreign birth established by court order to be filed with the Michigan Department of Community Health.

☐ 7. The date of birth of the child is determined to be \_\_\_\_\_ .

☐ 8. The place of birth of the child is determined to be \_\_\_\_\_ .

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Bar no.

Do not write below this line - For court use only